

STATE OF IDAHO
DIVISION OF BUILDING SAFETY
PLUMBING BUREAU
208-334-3442

APPLICATION FOR SPECIALTY APPRENTICE REGISTRATION

A \$5.00 REGISTRATION FEE MUST ACCOMPANY THIS APPLICATION AND THE APPLICATION MUST BE COMPLETED. COMPLETE AND ACCEPTABLE INFORMATION ON THIS APPLICATION IS REQUIRED AS THE FIRST STEP TO REGISTER YOU WITH THE STATE OF IDAHO PLUMBING BUREAU AS A SPECIALTY APPRENTICE PLUMBER. A COPY OF YOUR CURRENT PICTURED IDENTIFICATION MUST ACCOMPANY THIS APPLICATION.

Please mail your application, fee and a current copy of your pictured identification to: **Division of Building Safety, Plumbing Bureau, 1090 E. Watertower St., Meridian, ID 83642.**

ALL DISHONORED CHECKS WILL BE REQUIRED TO PAY A COLLECTION FEE NOT TO EXCEED \$20.00, AS PER IDAHO CODE 28-22

CHECK THE TYPE OF SPECIALTY REGISTRATION YOU ARE APPLYING FOR:

APPLIANCE PLUMBING SPECIALTY APPRENTICE _____ WATER PUMP PLUMBING SPECIALTY APPRENTICE _____

NAME: _____

SOCIAL SECURITY NUMBER: _____ DATE OF BIRTH: _____

MAILING ADDRESS: _____ TELEPHONE NUMBER: _____

CITY: _____ STATE: _____ ZIP CODE: _____

THE CORRECT NAMES AND ADDRESS OF THE LAST TWO EMPLOYERS YOU HAVE WORKED FOR MUST BE LISTED BELOW WITH DATES, STARTING WITH PRESENT OR MOST RECENT EMPLOYMENT: (EMPLOYMENT IN OTHER THAN THE SPECIALTY PLUMBING TRADE NOT TO BE CONSIDERED.)

PRESENT EMPLOYER: _____ TELEPHONE NUMBER: _____

ADDRESS: _____

DATES EMPLOYED FROM: _____ TO: _____
MO/DAY/YEAR MO/DAY/YEAR

PREVIOUS EMPLOYER: _____ TELEPHONE:NUMBER: _____

ADDRESS: _____

DATES EMPLOYED FROM: _____ TO: _____
MO/DAY/YEAR MO/DAY/YEAR

HAVE YOU ATTENDED ANY RELATED TRAINING CLASSES? YES _____ NO _____

IF "YES", GIVE NAME AND ADDRESS OF SCHOOL AND DATES OF ATTENDANCE:

FROM: _____
MO/DAY/YEAR MO/DAY/YEAR

I UNDERSTAND THAT I MUST:

- 1. BE ENROLLED IN, OR HAVE COMPLETED, AN APPROVED RELATED TRAINING COURSE.**
- 2. WORK UNDER THE SUPERVISION OF A LICENSED JOURNEYMAN PLUMBER OR LICENSED SPECIALTY JOURNEYMAN PLUMBER.**
- 3. MAINTAIN A CURRENT SPECIALTY APPRENTICE PLUMBER REGISTRATION BY RENEWING MY REGISTRATION BY DECEMBER 31 EACH YEAR.**

SIGNATURE OF APPLICANT

DATE

ALL INFORMATION CONTAINED IN THIS APPLICATION WILL BE VERIFIED

TO BE EXECUTED BY APPLICANT

I, _____, being first duly sworn, do hereby certify that the statements on the application for specialty apprentice registration are true and correct.

SIGNATURE OF APPLICANT

Subscribed and sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC FOR: _____

MY COMMISSION EXPIRES: _____

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TO BE EXECUTED BY PRESENT EMPLOYER

I, _____, being first duly sworn, do hereby certify that I am engaged in the plumbing business, licensed as a plumbing contractor or specialty plumbing contractor in the State of Idaho; that the applicant is employed by me as a specialty apprentice plumber and that I have read the foregoing application and believe that the statements made by the applicant therein are true and correct to the best of my knowledge.

SIGNATURE OF EMPLOYER

ADDRESS

Subscribed and sworn to before me this _____ day of _____, 20____

NOTARY PUBLIC FOR: _____

COMMISSION EXPIRES: _____